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**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90169 041 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N96000000033**

1. Corporation Name

**MIAMI POLICE ATHLETIC LEAGUE, INC.**

Principal Place of Business

COMMUNITY RELATIONS  
400 N.W. 2ND AVENUE  
MIAMI FL 33128

Mailing Address

COMMUNITY RELATIONS  
400 N.W. 2ND AVENUE  
MIAMI FL 33128



2. Principal Place of Business

21 **Miami Police Dept.**

2a. Mailing Address

26 **400 NW 2 Ave.**

3. Date Incorporated or Qualified

**12/28/1995**

Suite, Apt. #, etc.  
22 **# 208**

Suite, Apt. #, etc.

4. FEI Number

**65-0669948**

Applied For

Not Applicable

City & State

23 **Miami, Fla.**

City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

Zip Country

24 **33128** 25 **U.S.A.**

Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

9. Name and Address of Current Registered Agent

**ERNAND, JOSE R  
400 NW 2 AVE  
OFFICE OF THE CHIEF  
MIAMI FL 33128**

10. Name and Address of New Registered Agent

81 Name **JOHNSON, AUBREY A.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**400 NW 2nd AVENUE**

83 **OFFICE OF THE CHIEF**

84 City **MIAMI, FL** 85 Zip Code **33128**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Aubrey Johnson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **WARSHAW, DONALD H**  
CITY-ST-ZIP **400 N.W. 2ND AVENUE**  
**MIAMI FL 33128**

TITLE ☐ DELETE  
NAME **VD**  
STREET ADDRESS **DARLING, GERALD**  
CITY-ST-ZIP **400 NW 2ND AVENUE**  
**MIAMI FL 33128**

TITLE ☐ DELETE  
NAME **VD**  
STREET ADDRESS **BELLAMY, ANGELA**  
CITY-ST-ZIP **444 SW 2ND AVENUE 7TH FL**  
**MIAMI FL 33128**

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **ERNAND, JOSE R**  
CITY-ST-ZIP **400 NW 2ND AVENUE**  
**MIAMI FL 33128**

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **UPTGROW, MELVIN E**  
CITY-ST-ZIP **400 N.W. 2ND AVENUE**  
**MIAMI FL 33128**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **O'BRIEN, WILLIAM**  
1.3 STREET ADDRESS **400 NW 2nd AVENUE**  
1.4 CITY-ST-ZIP **MIAMI, FL 33128**

2.1 TITLE **VD** ☐ Change ☐ Addition  
2.2 NAME **DARLING, GERALD**  
2.3 STREET ADDRESS **400 NW 2nd AVENUE**  
2.4 CITY-ST-ZIP **MIAMI, FL 33128**

3.1 TITLE **VD** ☐ Change ☐ Addition  
3.2 NAME **BELLAMY, ANGELA**  
3.3 STREET ADDRESS **444 SW 2nd AVENUE 7th FL**  
3.4 CITY-ST-ZIP **MIAMI, FL 33128**

4.1 TITLE **SD** ☒ Change ☐ Addition  
4.2 NAME **JOHNSON, AUBREY J.**  
4.3 STREET ADDRESS **400 NW 2nd AVENUE**  
4.4 CITY-ST-ZIP **MIAMI, FL 33128**

5.1 TITLE **T** ☐ Change ☐ Addition  
5.2 NAME **UPTGROW, MELVIN E.**  
5.3 STREET ADDRESS **400 NW 2nd AVENUE**  
5.4 CITY-ST-ZIP **MIAMI, FL 33128**

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **RIMONDI, JOSEPH**  
6.3 STREET ADDRESS **400 NW 2nd AVENUE**  
6.4 CITY-ST-ZIP **MIAMI, FL 33128**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *S. K. Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/99** **305-579-6648**  
Date Daytime Phone #

CR2E037 (11/98)